AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966524	**04/04/2016**
NAME OF PROVIDER OR SUPPLIER **PROVISION LIVING AT PANAMA CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6012 MAGNOLIA BEACH ROAD** **PANAMA CITY, FL 32408**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Complaint survey was conducted at Provision Living At Panama City Beach Assisted Living Facility on 4/4/2016 to review CCR 2016003066. No deficient practice was identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 6, 2016

Administrator
Provision Living At Panama City
6012 Magnolia Beach Road
Panama City, FL 32408

RE: CCR #2016003066

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 4, 2016 by representatives of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions, please contact me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

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